

154 STATEMENT OF HON. GEORGE R. NETHERCUTT, JR., A REPRESENTATIVE
155 IN CONGRESS FROM THE STATE OF WASHINGTON

156 Mr. NETHERCUTT. I will, Mr. Chairman. I thank you very
157 much, to you and the ranking minority member and all the
158 members of the committee for holding this hearing on H.R.
159 151. I am especially thankful to my friend, Congressman
160 Hayworth, for cosponsoring, and others for giving this bill
161 so much consideration, and other cosponsors who are sitting
162 on this panel.

163 We have submitted a statement for the record and I would
164 ask that it be submitted in its entirety, and I will just
165 summarize my remarks this morning to emphasize the importance
166 that I think this bill holds for American Indian and Native
167 American communities across this country. It would elevate
168 the position of the Director of the Indian Health Service
169 within the Department of HHS, Health and Human Services, to
170 Assistant Secretary for Indian Health.

171 I think it's an appropriate thing to do, given our
172 national commitment to our Native American and Alaska Native
173 populations across this country, and also in recognition of
174 the fact that our American Indian and Alaska Native
175 population suffer disproportionately certain kinds of
176 diseases, chronic conditions such as diabetes. I know many
177 of you are part of the Diabetes Caucus in the House, the

178 largest caucus in the House that focuses on the chronic
179 disease of diabetes.

180 Its impact on minority populations, and especially our
181 American Indian and Alaska Native populations, is profound.
182 Its impact is disproportionate to the rest of the population.

183 In addition, I have visited in my own State, and in my
184 own district, a number of Indian Health Service facilities,
185 Indian health clinics and other health delivery services that
186 exist on our tribal lands today. They are struggling, these
187 various tribal organizations and entities. They are in need
188 of additional attention on the very critical issue of human
189 health as it relates to our Native American and Alaska Native
190 populations.

191 So this bill is a logical second or third step in our
192 focus on what is necessary to help meet the health care needs
193 of our Native American and Alaska Native populations; that
194 is, to give greater priority within the Department that
195 implements these programs by elevation of this Director of
196 Indian Health Services to an Assistant Secretary for Indian
197 Health. By doing so, this Assistant Secretary will sit at
198 the table with the Secretary and discuss, on a day to day,
199 week to week, annual basis the health care needs of the
200 populations that the Assistant Secretary would serve, and
201 also advocate very strongly for additional funding,
202 additional programs, or additional assistance to our Native

203 American populations, who struggle mightily in the area of
204 chronic disease.

205 So I would just say to the committee, and to you, Mr.
206 Chairman, and all the others, this is a good bill. It's a
207 fair bill. It is one that I think addresses the critical
208 need of Indian health care in this United States, and I think
209 it certainly pays adequate respect to our Native American
210 populations and their special needs in this country,
211 especially as it relates to diabetes and other health care
212 conditions.

213 So I would urge you to favorably consider this
214 legislation, report it out expeditiously, and hopefully we
215 could pass it in the House and Senate, and then do justice to
216 those who are in the greatest need in our country, who are
217 part of this great heritage of Native Americans and Alaska
218 Natives. I think, in passing this legislation, we will pay
219 proper respect to them and their particular health care
220 needs, as well as the tradition of providing health care
221 assistance to our Native American populations since this
222 country was formed. So I would urge your favorable
223 consideration.

224 I would be happy to answer any questions, and I thank you
225 so much for taking the time today to hold this hearing and
226 allow this testimony, not just from me but from the other
227 very distinguished panels that will follow, who will testify

228 | in support of this measure.

229 | Thank you, Mr. Chairman.

230 | [The statement of Mr. Nethercutt follows:]

231 | ***** INSERT *****

257 | this position at the same time the administration is trying
258 | to transfer these people to the Secretary's office, how you
259 | feel about the interaction there. Those are the two
260 | questions.

261 | Mr. NETHERCUTT. Well, Congressman Pallone, I thank you
262 | for the questions.

263 | I serve on the Appropriations Committee, the Interior
264 | Subcommittee, which does the funding for the Indian Health
265 | Service. We are trying our best to increase those Federal
266 | funds that go for Indian health, so we will advocate for that
267 | very strongly.

268 | I think that having this Assistant Secretary position in
269 | place will allow for that greater advocacy. I think the
270 | Director comes to our subcommittee and testifies in favor of
271 | additional resources. But I think internally, in the
272 | Department of Health and Human Services, there will be a
273 | greater opportunity for advocacy for additional moneys that
274 | will also flow into other subcommittees, so I think the net
275 | effect will be positive on funding and also on advocacy
276 | opportunities.

277 | With respect to your second question about the movement
278 | of staff positions, I can testify first hand that Secretary
279 | Thompson is such a strong advocate for the subject of
280 | diabetes and diabetes funding and assistance, and he was a
281 | strong advocate for the extra \$750 million over five years

282 | that goes to type II Native American disease research. So it
283 | may be that the net impact will be positive rather than
284 | negative, if that, in fact, happens. I don't have a good
285 | sense of whether it will or it won't. But I know Secretary
286 | Thompson is such a strong advocate for those in Indian
287 | country who suffer from diabetes and otherwise and will be a
288 | strong voice within the Department and perhaps this will
289 | bolster this argument that we need to enhance the amount of
290 | money that we spend and the time and attention we spend on
291 | Indian health. So that's my hope.

292 | Mr. PALLONE. I guess the problem that I have--and again,
293 | I don't have all the details in front of me--is that on the
294 | one hand I agree with what you just said, that the elevation
295 | of this position certainly helps in terms of having a greater
296 | advocate and somebody who can maybe get more funds. But if
297 | you transfer a lot of the positions over to the Secretary's
298 | office, it seems to me that it dilutes the fact that you want
299 | to put all these people under one director, in this case
300 | somebody who is being elevated and becoming more important,
301 | and it sort of undercuts your efforts by having these people
302 | transferred to the Secretary's office.

303 | You know, it is hard to quantify that, but that would be
304 | my impression. But you don't see to feel that that's true?

305 | Mr. NETHERCUTT. I guess my sense of it would be this.
306 | If we pass H.R. 151 and report it out and it gets favorable

407 tribal organizations as well as those who are affected by
408 chronic disease.

409 Maybe I'm not answering your question as precisely as you
410 would like, but as I understand it, I think there is more
411 advocacy to be gained and there is also more effective
412 advocacy to be gained within Government agencies today. I'm
413 not so sure we should look at it just from the number of
414 employees, but we have to look at what is the advocacy level,
415 what are the issues that they're stressing prominently, and
416 what are the results. So I think our goal with this \$750
417 million over five years of mandatory funding, as well as
418 additional money for diabetes, for example, we have to make
419 sure that money is well spent.

420 So to the extent those employees can help make sure that
421 money is well spent and that we have good plans in place for
422 Indian health, we're all going to be better off and so are
423 those affected by it are better off.

424 Mrs. NAPOLITANO. I understand that. Coming from a State
425 legislature, I have found that sometimes some of those
426 positions are used for other purposes.

427 Mr. NETHERCUTT. Sure.

428 Mrs. NAPOLITANO. Certainly there needs to be more of a
429 focus. I know these issues have been identified before, and
430 at that joint hearing we held with the Senate, all those
431 issues were brought out.

432 I would hope that we focus on what we have found, what
433 the Indian Nation representatives have spoken to, that we do
434 not let those issues go by the wayside. You talked just
435 about diabetes. There are other issues that were brought up,
436 including, of course, alcoholism, asthma, a lot of the issues
437 that the young children are beginning to show. We should not
438 let those sit by the wayside while we're arguing over whether
439 or not we need to get the programs going.

440 Mr. NETHERCUTT. I understand. I think maybe the
441 elevation of this Indian Health Service Director to Assistant
442 Secretary would give greater authority and greater
443 opportunity to collect the resources of Government for the
444 right purposes that you're speaking of.

445 Mrs. NAPOLITANO. But it's not creating another
446 bureaucracy, I hope.

447 Mr. NETHERCUTT. I don't think so. I think we're really
448 just giving greater ability and greater authority of that
449 particular director to manage in an effective way within the
450 agency and bureaucracy of government. I say that
451 respectfully. I think this may be a better way to have
452 efficiency, rather than creating an additional bureaucracy.
453 I think it's just the opposite. I think it will be greater
454 efficiency and greater opportunity, greater authority on the
455 part of that person to lead the charge for Indian health
456 improvement.

457 Mrs. NAPOLITANO. Thank you.

458 Mr. GIBBONS. Thank you very much.

459 Are there other members who have questions at this point
460 in time? If not, Mr. Nethercutt, we thank you for your
461 presentation and we will excuse you for now and call up our
462 second panel.

463 Mr. NETHERCUTT. Thank you, Mr. Chairman.

464 Mr. GIBBONS. I would now like to call up the second
465 panel on this issue, Mr. Michel Lincoln, Deputy Director,
466 Indian Health Service.

467 Mr. Lincoln, we have a policy in this committee of
468 swearing in our witnesses, so if you will rise and take the
469 oath, we would appreciate it.

470 [Witness sworn.]

471 Let the record reflect that the witness answered in the
472 affirmative. Mr. Lincoln, welcome to the committee. The
473 floor is yours. We look forward to your testimony.